

### ***Caution: DRAFT FORM***

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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

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☐ VOID☐ CORRECTED

ISSUER'S/PROVIDER'S name, street address, city, state, ZIP code, and telephone no.		1 Amount of HCTC advance payments \$	OMB No. 1545-1813  <b>2007</b> Form <b>1099-H</b>	<b>Health Coverage Tax Credit (HCTC) Advance Payments</b>  <b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2007 General Instructions for Forms 1099, 1098, 5498, and W-2G.</b>
		2 No. of mos. HCTC advance payments received		
ISSUER'S/PROVIDER'S federal identification no.	RECIPIENT'S identification number	3 Jan. \$	9 July \$	
RECIPIENT'S name		4 Feb. \$	10 Aug. \$	
		5 Mar. \$	11 Sept. \$	
Street address (including apt. no.)		6 Apr. \$	12 Oct. \$	
City, state, and ZIP code		7 May \$	13 Nov. \$	
		8 June \$	14 Dec. \$	

Form **1099-H**

Cat. No. 34912D

Department of the Treasury - Internal Revenue Service

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